

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/30/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295045</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/11/2008</b>	
NAME OF PROVIDER OR SUPPLIER  <b>TORREY PINES CARE CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1701 S. TORREY PINES DRIVE</b> <b>LAS VEGAS, NV 89146</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<b>INITIAL COMMENTS</b>  This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on 9/2/08.  The following complaints were investigated:  Complaint #NV00018790 was unsubstantiated.  Complaint #NV00016030 was unsubstantiated.  Complaint #NV00016178 was unsubstantiated.  Complaint #NV00016995 was unsubstantiated.  Complaint #NV00017610 was unsubstantiated.  Complaint #NV00018185 was unsubstantiated.  Complaint #NV00016025 was unsubstantiated.  Complaint #NV00015890 was unsubstantiated.  Complaint #NV00017902 was substantiated. No federal deficiencies were cited.  Complaint #NV00017450 was substantiated. No federal deficiencies were cited.  Complaint #NV00016893 was substantiated. See Tag F157.  Complaint #NV00017399 was substantiated. See Tag F323.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be			F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 000	Continued From page 1 available to any party under applicable federal, state, or local laws.	F 000			